

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40357

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 2011	
1. PLACE OF DEATH a. COUNTY Green Co				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo Christian b. COUNTY Christian			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield Mo		c. LENGTH OF STAY (in this place) 1 hr.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural. South Galloway		1	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baptist Hospital				d. STREET ADDRESS (If rural, give location) Spokane, Mo R R			
3. NAME OF DECEASED (Type or Print)		a. (First) George		b. (Middle) Wm		c. (Last) Call	
4. DATE OF DEATH		Month Dec		Day 13		Year 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 17, 1889	
9. AGE (In years last birthday) 56 1/2		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (State or foreign country) Canada		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Ed Call		13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE Tinza Call		ADDRESS Mrs Tinza Call, Spokane Mo, R R	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Tinza Call, Spokane Mo, R R			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot, in the forehead with 22. Rifle ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 8976X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) S. Galloway Christian Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Suicide Dec. 13, 1950		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Suicide			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE T. B. Chaffin				23b. ADDRESS Ozark Mo		23c. DATE SIGNED Dec 14, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 15, 1950		24c. NAME OF CEMETERY OR CREMATORY Highlandville		24d. LOCATION (City, town, or county) (State) Christian Mo	
DATE REC'D BY LOCAL REG. 12/15/50		REGISTRAR'S SIGNATURE W. E. Handley		25. FUNERAL DIRECTOR'S SIGNATURE T. B. Chaffin		ADDRESS Ozark Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.